

Hip Arthroscopy Post-Operative Instructions

- **PAIN**

- Most patients require some narcotic medication after surgery. You will be given a prescription(s) with instructions for its use. *Do not take more than prescribed.* If your pain is not adequately controlled, contact the surgeon on call. Phone numbers are provided.
- Common side effects of the narcotics include nausea, vomiting, drowsiness, constipation, and difficulty urinating. If you experience constipation, use an over the counter laxative. Minimize the risk of constipation by staying well hydrated and including fiber in your diet. If you have difficulty urinating, try spending a little time out of bed on the crutches. If it is not possible for you to urinate and you become uncomfortable, it is best if you go to the Emergency Room to get catheterized.
- Contact the office if you have nausea and vomiting. This is usually caused by the anesthesia or narcotics. We will either give you a medication for nausea at time of surgery or we will call it in to a pharmacy if you experience these symptoms.
- Do not drive or make important business decisions while using narcotics.
- Anti-inflammatories (advil, naprosyn, aleve, etc) will be given to you after surgery if needed. Please do not take any of these medications without consulting your physician.
- Do not take extra Tylenol if the pain medication given to you already has Tylenol in it.

- **WOUND CARE**

- It is common for some staining of the bandage to occur. If this happens, reinforce the area with additional bandages.
- Keep dressing dry and clean. You may remove the surgical bandages 2 days after surgery unless otherwise informed. Leave the steri-strips (sticky strips over incision) and/or sutures in place and do not remove. Redress the incision with a light dressing.
- To avoid problems with infection, keep incision clean and dry. Cover incision with saran wrap while showering for the first week. Do not soak incision (bath, hot tub) until the skin is fully healed. If there is any concern about the incision, please call the on call sports surgeon at the University of Utah.
- A low grade temperature is very common within the first few days of surgery. This can often be treated with getting out of bed in a sitting or standing position, deep breathing and coughing to clear the lungs. If fevers, pain or swelling continue, please call.

- **ACTIVITY**

- Elevate the operative leg above the level of your heart as much as possible during the first week. This will help with pain and swelling. Elevate leg with a couple of pillows placed under your ankle/foot (to keep the knee from sitting in a flexed position).
- Weight bearing instructions and crutch use per physician (NWB= no weight on operative side, TTWB = use toe to balance but no weight on operative side, PWB = may put partial weight on operative side but use crutches, WBAT = may put as much weight on the extremity as tolerated). Most hip scopes will be TTWB for 2 weeks and then progress to WBAT over the next 2 weeks. I would like you to use the crutches for that time.

- Use the CPM (motion machine) as instructed. I would like you to use the CPM until you begin formal physical therapy. Use after starting formal PT is optional.
- Avoid prolonged sitting or long distance traveling for 2-3 weeks.
- May return to sedentary work or school in 3-7 days if tolerated.

- **DIET**
 - Begin with clear fluids and light foods (jello, clear broths). Progress to a regular diet as tolerated.

- **ICE**
 - Use ice packs for 30 minutes on, 30 minutes off until swelling has subsided.
 - You may be given an Ice Machine. Use as instructed.

- **EXERCISE**
 - Move ankle up and down throughout the day to help blood flow and decrease the chance of a blood clot. Do this 3-4 times a day until your first post operative visit in 2 weeks.
 - Physical therapy should begin at 2 weeks after surgery. You may have already been given a therapy protocol/prescription. If not please call us with your therapist's fax number and we will fax this to your therapist.

- **CONCERNS/QUESTIONS**
 - If you feel unrelenting pain, notice incision redness, continuous drainage or bleeding from wounds, continued fevers greater than 101°, difficulty breathing or excessive nausea/vomiting, please call **(801) 587-7040** during regular office hours or **(801) 587-7100** (physicians' answering service) after 4:00 pm or on weekends.
 - If you have an emergency that requires immediate attention, proceed to the nearest Emergency Room.

- **FOLLOW UP APPOINTMENTS**
 - If you do not already have a follow up appointment scheduled, please call (801) 587-7109 during normal office hours and ask to schedule an appointment. I would like to see you back in 6 weeks. However, if there are any post-operative surgical concerns, please call and we will get you in sooner. I am also happy to see you at 2 weeks after surgery if you would like to come in and go over the results of the surgery at an earlier date.

- **STUDY PATIENTS**
 - We thank you for participating in clinical studies. Our intention is to improve your care and the care of future patients.
 - If you have any questions regarding the study, please call the numbers provided on the study documents or you may contact the office numbers provided below.



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- **IMPORTANT NUMBERS**

- Questions
 - During Office Hours (8:00-4:00)
 - Kattie Lindsay (MA) 801-587-7040
 - Nikki Cooper (Practice Coordinator) 801-587-0989
 - Mark Beese (ATC) 801-587-1473
 - After Hours (Tell the hospital operator your surgeon's name and they will contact the appropriate on call physician)
 - 801-581-2121
- Office Appointment Scheduling
 - 801-587-0989
- Surgery Scheduling
 - Francoise 801-587-7187
- Physical Therapy
 - 801-587-7005
- Toll Free
 - 1-800-824-2073
- Dr. Maak Fax
 - 801-587-3990